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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

6

Application Number

10/691.018

Filing Date

First Named Inventor

Warren Charles Bodeker

Art Unit

3671

Examiner Name

Robert E Pezzuto

Attorney Docket Number

**ENCLOSURES** (Check all that apply)

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/  
Incomplete ApplicationReply to Missing Parts  
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a  
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) \_\_\_\_\_



Landscape Table on CD



After Allowance Communication to TC

Appeal Communication to Board  
of Appeals and InterferencesAppeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify  
below):

Remarks

Request cancellation of previously submitted claims 1 through 16.

One new claim.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Signature

Printed name

Warren Charles Bodeker

Date

01-11-2005

Reg. No.

**CERTIFICATE OF TRANSMISSION/MAILING**

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Date

01-11-2005

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**Cancellation of claims**

**I request the cancellation of claims 1 through 16 Previously submitted for the above application.**